

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Graves for Congress

ADDRESS (number and street)
▼

2345 Grand, Suite 2400

☐Check if different
than previously
reported. (ACC)

Kansas City

MO

64108

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00359034

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

MO

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

25

2008

through

12

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jean Paul Bradshaw

Signature of Treasurer Electronically Filed by Jean Paul Bradshaw

Date

04

14

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Graves for Congress

Report Covering the Period:

From:

M M
1 1D D
2 5Y Y Y Y
2 0 0 8

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	15425.08	27640.08
(b) Total Contribution Refunds (from Line 20(d)).....	145.08	2645.08
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15280.00	24995.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	33197.59	59531.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	12552.99	12552.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20644.60	46978.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	42845.76	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	196124.51	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Graves for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

6000.00

10900.00

(ii) Unitemized.....

6425.08

6740.08

(iii) TOTAL of contributions

12425.08

17640.08

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

3000.00

10000.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)

15425.08

27640.08

(add Lines 11(a)(iii), (b), (c), and (d))

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....**

16486.68

16486.68

13. LOANS(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....**

12552.99

12552.99

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

73.45

73.48

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶**

44538.20

56753.23

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33197.59	59531.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	145.08	2645.08
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	145.08	2645.08
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	33342.67	62176.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	31650.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	44538.20
25. SUBTOTAL (add Line 23 and Line 24).....	76188.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33342.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42845.76

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

V. Edward Bird

Mailing Address 30 NW Greentree Lane

City

Kansas City

State

MO

Zip Code

64116-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 90121.C13241

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

V. Edward Bird

Mailing Address 30 NW Greentree Lane

City

Kansas City

State

MO

Zip Code

64116-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 90121.C13240

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

V. Edward Bird

Mailing Address 30 NW Greentree Lane

City

Kansas City

State

MO

Zip Code

64116-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 90121.C13239

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 37

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

J. Stephen Erickson

Mailing Address Rt. 1, Box 65A

City

Cameron

State

MO

Zip Code

64429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Pharmacist

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: 90121.C13183

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Michael Moskowitz

Mailing Address 1370 Avenue of the Americas

City

New York

State

NY

Zip Code

10019-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
mortgage banker

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 90121.C13117

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Tim Whitaker

Mailing Address P.O. Box 187

City

Trenton

State

MO

Zip Code

64683

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Motel Owner

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: 90121.C13150

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

Robert L. Thedinger

Mailing Address 3000 Ashland Blvd

City

Saint Joseph

State

MO

Zip Code

64506

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 90121.C13246

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

John F. Wallace

Mailing Address 12631 Lakeland Drive

City

Saint Joseph

State

MO

Zip Code

64506

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 90121.C13202

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Grace L. Meek

Mailing Address 1320 E Frederick, Apt. A

City

Independence

State

MO

Zip Code

64050

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 90121.C13192

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

Maurice Warner

Mailing Address 30542 US Hwy 136

City

Unionville

State

MO

Zip Code

63565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walmart

Occupation
Pharmacist

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 90121.C13258

Amount of Each Receipt this Period

200.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Phillip Morris

Mailing Address 30355 Hwy 159

City

Oregon

State

MO

Zip Code

64473

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: 90121.C13289

Amount of Each Receipt this Period

300.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Rita Cosentino

Mailing Address 321 Chelmsford Ct.

City

Lees Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 90121.C13110

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

David Reid

Mailing Address 3709 NE 95th ST

City

Kansas City

State

MO

Zip Code

64156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bryan Cave

Occupation
Partner

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: 90121.C13170

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Julie Maschhoff

Mailing Address 18391 Post Oak Rd.

City

Carlyle

State

IL

Zip Code

62231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 90121.C13252

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

6000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

ACCAPAC

Mailing Address 2800 Shirlington Ste. 300

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: 90121.C13108

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Boehringer Ingelheim PAC

Mailing Address 1201 pennsylvania Ave, NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: 90121.C13109

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

Graves Victory Comm

Mailing Address 5920 NW 96th Terr

City

Kansas City

State

MO

Zip Code

64154-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15041.41

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: 90122.C13293

Amount of Each Receipt this Period

15041.41

Transfers From Affil./Aut-
h.

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

RNC 2008 Joint Candidate Committee

Mailing Address 228 S. Washington Street - Suite 1

City

Alexandria

State

VA

Zip Code

22314-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1445.27

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 90121.C13262

Amount of Each Receipt this Period

1445.27

Transfers From Affil./Aut-
h.

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Power PAC

Mailing Address 2301 M Street, NW Suite 300

City

Washington

State

DC

Zip Code

20037-2900

FEC ID number of contributing
federal political committee.

C

C00095869

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 90121.C13266

Amount of Each Receipt this Period

1000.00

Transfer Memo

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

RJN 2008 Jt. Can. Comm.

SUBTOTAL of Receipts This Page (optional)

16486.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☒ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

Martha M. Schar

Mailing Address 1300 South Ocean Boulevard

City

West Palm Beach

State

FL

Zip Code

33401-

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

172.90

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 90121.C13264

Amount of Each Receipt this Period

172.90

Transfer Memo

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

2008 Jr. Can. Co. Acct.

B.

Full Name (Last, First, Middle Initial)

James I. Perkins

Mailing Address P. O. Box 288

City

Rusk

State

TX

Zip Code

75785-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citizens 1st Bank

Occupation

Officer

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 90121.C13265

Amount of Each Receipt this Period

250.00

Transfer Memo

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

2008 Jr. Can. Co. Acct

C.

Full Name (Last, First, Middle Initial)

Dwight C. Schar

Mailing Address 505 South Flager Drive
Suite 900

City

West Palm Beach

State

FL

Zip Code

33401-

FEC ID number of contributing
federal political committee.

C

Name of Employer
MVR Mortgage Co.

Occupation

Chairman

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

172.89

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 90121.C13263

Amount of Each Receipt this Period

172.89

Transfer Memo

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

2008 Jr. Can. Comm. Acct

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

16486.68

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

Lathrop & Gage, LC.

Mailing Address 2345 Grand Blvd

City

Kansas City

State

MO

Zip Code

64108-2684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

531.68

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 8

Transaction ID: 90127.C13297

Amount of Each Receipt this Period

531.68

Offsets to Operating Expe-
nditu

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Media Placement Technologies

Mailing Address 336 Commerce St.

City

Alexandria

State

VA

Zip Code

22314-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12021.31

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 90121.C13205

Amount of Each Receipt this Period

12021.31

Offsets to Operating Expe-
nditu

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

12552.99

TOTAL This Period (last page this line number only)

12552.99

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

A.

Full Name (Last, First, Middle Initial)

Stor Safe

Mailing Address 1501 Burlington

City State Zip Code
 Kansas City MO 64116-

Purpose of Disbursement
 Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90121.E4130

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

PAYMENT

B.

Full Name (Last, First, Middle Initial)

Ceriln J. Watson

Mailing Address 1510 N.E. 69th Terrace

City State Zip Code
 Kansas City MO 64118-

Purpose of Disbursement
 Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81230.E4119

Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

460.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SALARY

C.

Full Name (Last, First, Middle Initial)

Patrick Hefflinger

Mailing Address 1534 Burlington Avenue

City State Zip Code
 Kansas City MO 64116-

Purpose of Disbursement
 Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81230.E4109

Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

742.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional)

3202.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
Brandon R. Boswell

Mailing Address 2912 Fredrick Avenue

City State Zip Code
Saint Joseph MO 64506-

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81230.E4103
Date of Disbursement

/ /

Amount of Each Disbursement this Period

921.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

B.

Full Name (Last, First, Middle Initial)
Patrick Hefflinger

Mailing Address 1534 Burlington Avenue

City State Zip Code
Kansas City MO 64116-

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81230.E4100
Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MILEAGE REIMBURSEMENT

C.

Full Name (Last, First, Middle Initial)
Debra S. Gotzon

Mailing Address 2156 N.E. Parvin Road

City State Zip Code
Kansas City MO 64116-

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81230.E4125
Date of Disbursement

/ /

Amount of Each Disbursement this Period

460.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional)

1410.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Nova Information Systems	Transaction ID: 81230.E4098 Date of Disbursement
Mailing Address 7300 Chapman Highway	<div> <div>12</div> <div>01</div> <div>2008</div> </div>
City Knoxville State TN Zip Code 37920-	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee	<div>536.83</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CREDIT CARD PROCESSING FEE
B. Full Name (Last, First, Middle Initial) Brittney J. Loch	Transaction ID: 81230.E4114 Date of Disbursement
Mailing Address 945 S. Dunn	<div> <div>12</div> <div>01</div> <div>2008</div> </div>
City Maryville State MO Zip Code 64468-	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div>1628.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SALARY
C. Full Name (Last, First, Middle Initial) Brittney J. Loch	Transaction ID: 81230.E4099 Date of Disbursement
Mailing Address 945 S. Dunn	<div> <div>12</div> <div>01</div> <div>2008</div> </div>
City Maryville State MO Zip Code 64468-	Amount of Each Disbursement this Period
Purpose of Disbursement Expense Reimbursement	<div>148.05</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EXPENSE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

2312.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Micah J. Watson	Transaction ID: 81230.E4120 Date of Disbursement
Mailing Address 1510 N.E. 69th Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 8</div> </div>
City Kansas City State MO Zip Code 64118- Purpose of Disbursement Salary Candidate Name	Amount of Each Disbursement this Period <div>340.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY
B. Full Name (Last, First, Middle Initial) UMB Visa	Transaction ID: 90121.E4145 Date of Disbursement
Mailing Address 1010 Grand Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 6 / 2 0 0 8</div> </div>
City Kansas City State MO Zip Code 64106- Purpose of Disbursement Credit Card: See Below Candidate Name	Amount of Each Disbursement this Period <div>2253.79</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW
C. Full Name (Last, First, Middle Initial) Aladin Storage	Transaction ID: 90121.E4170 Date of Disbursement
Mailing Address 701 North 291 Highway	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 0 8</div> </div>
City Liberty State MO Zip Code 64068- Purpose of Disbursement Storage Rental Candidate Name	Amount of Each Disbursement this Period <div>93.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STORAGE RENTAL

SUBTOTAL of Disbursements This Page (optional)

2593.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Federal Express Shipping	Transaction ID: 90121.E4180 Date of Disbursement
Mailing Address 2903 Sprinkle Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 5 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38118-	Amount of Each Disbursement this Period
Purpose of Disbursement Shipping Charges Candidate Name	<div> <div>57.53</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SHIPPING CHARGES
B. Full Name (Last, First, Middle Initial) Federal Express Shipping	Transaction ID: 90121.E4162 Date of Disbursement
Mailing Address 2903 Sprinkle Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38118-	Amount of Each Disbursement this Period
Purpose of Disbursement Shipping Charges Candidate Name	<div> <div>27.37</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SHIPPING CHARGES
C. Full Name (Last, First, Middle Initial) Federal Express Shipping	Transaction ID: 90121.E4161 Date of Disbursement
Mailing Address 2903 Sprinkle Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38118-	Amount of Each Disbursement this Period
Purpose of Disbursement Shipping Charges Candidate Name	<div> <div>17.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SHIPPING CHARGES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Federal Express Shipping	Transaction ID: 90121.E4168 Date of Disbursement
Mailing Address 2903 Sprinkle Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38118- Purpose of Disbursement Shipping Charges Candidate Name	Amount of Each Disbursement this Period <div>24.45</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <p>[MEMO ITEM] MEMO: SHIPPING CHARGES</p>
B. Full Name (Last, First, Middle Initial) Federal Express Shipping	Transaction ID: 90121.E4151 Date of Disbursement
Mailing Address 2903 Sprinkle Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38118- Purpose of Disbursement Shipping Charges Candidate Name	Amount of Each Disbursement this Period <div>36.77</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <p>[MEMO ITEM] MEMO: SHIPPING CHARGES</p>
C. Full Name (Last, First, Middle Initial) Federal Express Shipping	Transaction ID: 90121.E4155 Date of Disbursement
Mailing Address 2903 Sprinkle Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 9 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38118- Purpose of Disbursement Shipping Charges Candidate Name	Amount of Each Disbursement this Period <div>24.45</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <p>[MEMO ITEM] MEMO: SHIPPING CHARGES</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Federal Express Shipping	Transaction ID: 90121.E4149 Date of Disbursement
Mailing Address 2903 Sprinkle Avenue	<div> <div>10</div> <div>08</div> <div>2008</div> </div>
City Memphis State TN Zip Code 38118-	Amount of Each Disbursement this Period <div>24.45</div>
Purpose of Disbursement Shipping Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Free Conferencing Corp.	Transaction ID: 90121.E4179 Date of Disbursement
Mailing Address 110 W. Ocean Boulevard #C	<div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Long Beach State CA Zip Code 90802-	Amount of Each Disbursement this Period <div>45.79</div>
Purpose of Disbursement Phone Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Free Conferencing Corp.	Transaction ID: 90121.E4164 Date of Disbursement
Mailing Address 110 W. Ocean Boulevard #C	<div> <div>10</div> <div>27</div> <div>2008</div> </div>
City Long Beach State CA Zip Code 90802-	Amount of Each Disbursement this Period <div>75.60</div>
Purpose of Disbursement Phone Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Free Conferencing Corp. Mailing Address 110 W. Ocean Boulevard #C	Transaction ID: 90121.E4158 Date of Disbursement <div> <div>10</div> <div>20</div> <div>2008</div> </div>
City Long Beach State CA Zip Code 90802- Purpose of Disbursement Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>56.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE EXPENSE
B. Full Name (Last, First, Middle Initial) Free Conferencing Corp. Mailing Address 110 W. Ocean Boulevard #C City Long Beach State CA Zip Code 90802- Purpose of Disbursement Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90121.E4152 Date of Disbursement <div> <div>10</div> <div>13</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>79.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE EXPENSE
C. Full Name (Last, First, Middle Initial) Midwest Express Airline Mailing Address 6744 Howell Ave. City Oak Creek State WI Zip Code 53154- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90121.E4174 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>155.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Target	Transaction ID: 90121.E4153 Date of Disbursement
Mailing Address 4375 N. Chouteau Trafficway	<div> <div>10</div> <div>16</div> <div>2008</div> </div>
City Kansas City State MO Zip Code 64117-	Amount of Each Disbursement this Period
Purpose of Disbursement Supplies	<div>146.12</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: SUPPLIES
B. Full Name (Last, First, Middle Initial) Target	Transaction ID: 90121.E4150 Date of Disbursement
Mailing Address 4375 N. Chouteau Trafficway	<div> <div>10</div> <div>10</div> <div>2008</div> </div>
City Kansas City State MO Zip Code 64117-	Amount of Each Disbursement this Period
Purpose of Disbursement Supplies	<div>81.40</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: SUPPLIES
C. Full Name (Last, First, Middle Initial) U-Haul - Als Deli	Transaction ID: 90121.E4178 Date of Disbursement
Mailing Address 1015 E. 8th Street	<div> <div>11</div> <div>03</div> <div>2008</div> </div>
City Kansas City State MO Zip Code 64106-	Amount of Each Disbursement this Period
Purpose of Disbursement Rental Expense	<div>66.93</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: RENTAL EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) U. S. Postmaster	Transaction ID: 90121.E4159 Date of Disbursement
Mailing Address 820 Armour Road	<div> <div>10</div> <div>21</div> <div>2008</div> </div>
City Kansas City State MO Zip Code 64116-	Amount of Each Disbursement this Period
Purpose of Disbursement Postage	<div>840.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Category/ Type </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE
B. Full Name (Last, First, Middle Initial) US Government Printing Office	Transaction ID: 90121.E4148 Date of Disbursement
Mailing Address 8660 Cherry Ln.	<div> <div>10</div> <div>08</div> <div>2008</div> </div>
City Laurel State MD Zip Code 20707-	Amount of Each Disbursement this Period
Purpose of Disbursement Event Expense - Host Gift	<div>45.20</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Category/ Type </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: EVENT EXPENSE - HOST GIFT
C. Full Name (Last, First, Middle Initial) USPS-NKC	Transaction ID: 90121.E4167 Date of Disbursement
Mailing Address 820 Armour Rd	<div> <div>10</div> <div>31</div> <div>2008</div> </div>
City Kansas City State MO Zip Code 64116-	Amount of Each Disbursement this Period
Purpose of Disbursement Postage	<div>5.80</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Category/ Type </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
Wal-Mart #0234

Mailing Address 8551 N Boardwalk Ave

City Kansas City State MO Zip Code 64154-

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90121.E4147
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Wal-Mart #0234

Mailing Address 8551 N Boardwalk Ave

City Kansas City State MO Zip Code 64154-

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90121.E4146
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Jason Klindt

Mailing Address 2500 Swift Avenue #105

City Kansas City State MO Zip Code 64116-

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81230.E4113
Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement
Payroll Processing Expenses
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81203.E4013
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1429.02

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL PROCESSING EXPENSES

B. Full Name (Last, First, Middle Initial)
Patrick W. Graham

Mailing Address 2330 S. 17th Street

City Saint Joseph State MO Zip Code 64503-

Purpose of Disbursement
Salary
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81230.E4107
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1050.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

C. Full Name (Last, First, Middle Initial)
Dionne L. Vantuyl

Mailing Address 3537 W. Walrond

City Kansas City State MO Zip Code 64117-

Purpose of Disbursement
Salary
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81230.E4118
Date of Disbursement

/ /

Amount of Each Disbursement this Period

630.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional)

3109.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Nova Information Systems	Transaction ID: 90123.E4181 Date of Disbursement
Mailing Address 7300 Chapman Highway	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 8</div> </div>
City State Zip Code Knoxville TN 37920- Purpose of Disbursement Credit Card Processing Fee Candidate Name	Amount of Each Disbursement this Period <div>33.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CREDIT CARD PROCESSING FEE
B. Full Name (Last, First, Middle Initial) Amy D. Cole	Transaction ID: 81230.E4104 Date of Disbursement
Mailing Address 18804 E. 18th Street N	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 8</div> </div>
City State Zip Code Independence MO 64058- Purpose of Disbursement Salary Candidate Name	Amount of Each Disbursement this Period <div>220.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type SALARY
C. Full Name (Last, First, Middle Initial) Brandon R. Boswell	Transaction ID: 81230.E4101 Date of Disbursement
Mailing Address 2912 Fredrick Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 8</div> </div>
City State Zip Code Saint Joseph MO 64506- Purpose of Disbursement Expense Reimbursement Candidate Name	Amount of Each Disbursement this Period <div>152.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type EXPENSE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

405.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Automatic Data Processing, Inc. Mailing Address 400 W. Covina Blvd.	Transaction ID: 81230.E4122 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2008</div> </div>
City San Dimas State CA Zip Code 91773- Purpose of Disbursement Payroll Processing Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1618.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL PROCESSING EXPENSES
B. Full Name (Last, First, Middle Initial) Joshua E. Hulbert Mailing Address 215 W. Main S Apt. B City Smithville State MO Zip Code 64089- Purpose of Disbursement Expense Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81230.E4102 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>244.41</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EXPENSE REIMBURSEMENT
C. Full Name (Last, First, Middle Initial) Stor Safe Mailing Address 1501 Burlington City Kansas City State MO Zip Code 64116- Purpose of Disbursement Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90123.E4184 Date of Disbursement <div> <div>12</div> <div>31</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>3000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYMENT

SUBTOTAL of Disbursements This Page (optional)

4863.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City State Zip Code
San Dimas CA 91773-

Purpose of Disbursement
Payroll Processing Expenses
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81230.E4121
Date of Disbursement

/ /

Amount of Each Disbursement this Period

126.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PAYROLL PROCESSING EXPENSES

B.

Full Name (Last, First, Middle Initial)
UMB Visa

Mailing Address 1010 Grand Blvd.

City State Zip Code
Kansas City MO 64106-

Purpose of Disbursement
Credit Card: See Below
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90121.E4132
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2629.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 1st Street, S.E.

City State Zip Code
Washington DC 20003-

Purpose of Disbursement
Event Expense - Food / Beverage
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90121.E4141
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1693.44

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT EXPENSE - FOOD
/ BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

2755.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)

Caseys General Store #41

Mailing Address 912 Walnut Street

City Tarkio State MO Zip Code 64491-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90121.E4137

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

70.88

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)

Express Flight, Inc.

Mailing Address P.O. Box 3262, Station A

City Saint Joseph State MO Zip Code 64503-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90121.E4136

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

153.17

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P. O. Box 36647

City Dallas State TX Zip Code 75235-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90121.E4135

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

451.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P. O. Box 36647

City Dallas State TX Zip Code 75235-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90121.E4140

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

6.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)
Travel Tyme

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90121.E4134

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

75.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

C.

Full Name (Last, First, Middle Initial)
Travel Tyme

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement
Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90121.E4139

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

32001.99

SCHEDULE C (FEC Form 3)Use separate schedule(s)
for each category of the
Detailed Summary Page

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LOANSFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13bNAME OF COMMITTEE (In Full)
Graves for Congress

Transaction ID: LS80908.C11840

LOAN SOURCE Full Name (Last, First, Middle Initial)
Graves Victory Comm

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 5920 NW 96th Terrace

City Kansas City State MO ZIP Code 64154-

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
3 1Y Y Y Y
2 0 0 8

20080331

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Boyles Motors, Inc.

Nature of Debt (Purpose):
Vehicle Lease

Mailing Address 204 N. Market Street

City State ZIP Code
Maryville MO 64468-

Outstanding Balance Beginning This Period

500.00

Transaction ID: LS60802.E42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Kwrt-am/kwrt-fm

Nature of Debt (Purpose):
Radio Advertising

Mailing Address 1600 Radio Hill Road

City State ZIP Code
Boonville MO 65233-

Outstanding Balance Beginning This Period

857.65

Transaction ID: LS60802.E45

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

857.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Willard Dowden

Nature of Debt (Purpose):
Rent for Nodaway Co. Repu-
bican Com

Mailing Address Route 1, Box 116

City State ZIP Code
Burlington Junction MO 64428-

Outstanding Balance Beginning This Period

200.00

Transaction ID: LS60802.E46

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional).....

1557.65

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 / 37

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Missouri Right to Life PAC

Nature of Debt (Purpose):
Membership Labels

Mailing Address P.O. Box 651

City State ZIP Code
Jefferson City MO 65102-

Outstanding Balance Beginning This Period

1087.00

Transaction ID: LS60802.E49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1087.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Dirt Road Productions

Nature of Debt (Purpose):
TV Production

Mailing Address P.O. Box 1330

City State ZIP Code
Stowe VT 05672-

Outstanding Balance Beginning This Period

61874.89

Transaction ID: LS81203.E4052

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

61874.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Lukens Company

Nature of Debt (Purpose):
Direct Mail Expense

Mailing Address 2800 Shirlington Road

City State ZIP Code
Arlington VA 22202-

Outstanding Balance Beginning This Period

5145.64

Transaction ID: LS81203.E4046

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5145.64

1) **SUBTOTALS** This Period This Page (optional).....

68107.53

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Graves for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Axiom Strategies LLCNature of Debt (Purpose):
Campaign Management

Mailing Address 2345 Grand

City State ZIP Code
Kansas City MO 64108-

Outstanding Balance Beginning This Period

109513.53

Transaction ID: LS81203.E4094

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

109513.53

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Midwest Computer and Business Services,Nature of Debt (Purpose):
IT Expenses

Mailing Address P.O. Box 1575

City State ZIP Code
Liberty MO 64069-

Outstanding Balance Beginning This Period

100.00

Transaction ID: LS81203.E4049

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mike Gula & AssociatesNature of Debt (Purpose):
Fundraising Consulting

Mailing Address 700 12th St. NW

City State ZIP Code
Washington DC 20006-

Outstanding Balance Beginning This Period

54.57

Transaction ID: LS81203.E4053

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54.57

1) SUBTOTALS This Period This Page (optional).....

109668.10

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stor Safe

Nature of Debt (Purpose):
Payment

Mailing Address 1501 Burlington

City State ZIP Code
Kansas City MO 64116-

Outstanding Balance Beginning This Period

3000.00

Transaction ID: LS90121.E4130

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stor Safe

Nature of Debt (Purpose):
Payment

Mailing Address 1501 Burlington

City State ZIP Code
Kansas City MO 64116-

Outstanding Balance Beginning This Period

3000.00

Transaction ID: LS90123.E4184

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Campaign Solutions/The Donatelli Group

Nature of Debt (Purpose):
Blast E-Mail

Mailing Address 118 North Saint Asaph Street

City State ZIP Code
Alexandria VA 22314-

Outstanding Balance Beginning This Period

346.97

Transaction ID: LS81203.E4047

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

346.97

1) **SUBTOTALS** This Period This Page (optional).....

1346.97

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Award Service Company

Nature of Debt (Purpose):
Printer Expense

Mailing Address 1534 Burlington

City State ZIP Code
Kansas City MO 64116-

Outstanding Balance Beginning This Period

628.65

Transaction ID: LS81203.E4056

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

628.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Time Warner Cable

Nature of Debt (Purpose):
Internet Expense

Mailing Address P.O. Box 2599

City State ZIP Code
Omaha NE 68103-

Outstanding Balance Beginning This Period

2.22

Transaction ID: LS81203.E4055

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2.22

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Elliot Berke

Nature of Debt (Purpose):
Legal Expense

Mailing Address Berke & Associates
1901 Pennsylvania Avenue NW

City State ZIP Code
Washington DC 20006-

Outstanding Balance Beginning This Period

3316.50

Transaction ID: LS81203.E4048

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3316.50

1) **SUBTOTALS** This Period This Page (optional).....

3947.37

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Enterprise Rent A Car

Nature of Debt (Purpose):
Car Rental

Mailing Address 809 S. State Route 291

City	State	ZIP Code
Liberty	MO	64068-

Outstanding Balance Beginning This Period

1496.89

Transaction ID: LS81203.E4054

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1496.89

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1496.89

2) **TOTALS** This Period (last page this line number only)..... ▶

186124.51

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

10000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

196124.51